

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Writers Guild of America West, Inc. PAC (WGAW PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cerone, Daniel, , ,

Mailing Address 21700 Oxnard Street, Suite 2050

City

Woodland Hills

State

CA

Zip Code

91367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ever After Productions

Occupation (for Individual)

Executive Producer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : INCA6196

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cerone, Daniel, , ,

Mailing Address 21700 Oxnard Street, Suite 2050

City

Woodland Hills

State

CA

Zip Code

91367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ever After Productions

Occupation (for Individual)

Executive Producer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2020

Transaction ID : INCA6276

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cohen, Ted, , ,

Mailing Address 914 Malcolm Avenue

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

194 Norfolk Street Productions

Occupation (for Individual)

Writer

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2020

Transaction ID : INCA6296

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶